

15<sup>th</sup> Annual Conference of the  
National HIV Nurses Association (NHIVNA)

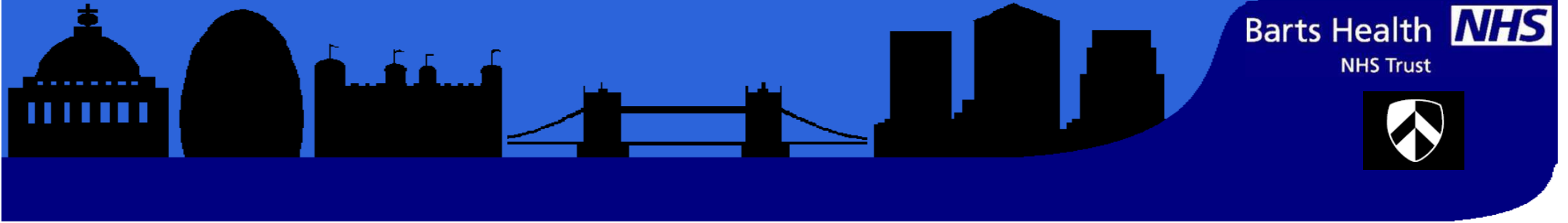


National HIV Nurses Association

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Barts Health NHS Trust, London

*27-28 June 2013- The International Convention Centre, Birmingham*



# Operational barriers to the implementation of opt-out HIV testing in novel settings

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# Overview

- Background
- HIV testing at The Royal London Hospital
- Implementation of testing initiatives
- Results
- Discussion and conclusion



# Background

- UK guidelines advise routine HIV testing in areas of high prevalence
- HIV testing in medical admissions units is becoming common practice
- However remains rare in intensive care units
- Routine opt out testing will guide life saving management to those who test positive



1. **British HIV Association(BHIVA)/British Association of Sexual Health and HIV (BASHH)/British Infection Society (BIS)** UK National Guidelines for HIV Testing, 2008. London, 2008.
2. **M Dodd, A Pryce.** *A national survey of HIV testing in intensive care: moving forward.* JICS Volume 13, No 2. April 2012
3. **Health Protection Agency.** *HIV in the United Kingdom: 2012 Report.* London: Health Protection Services, Colindale. November 2012





# Testing project



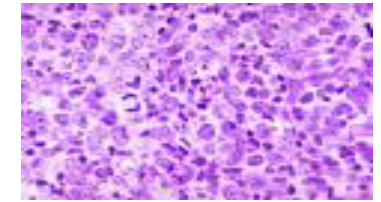
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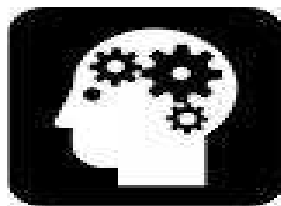
Viral Hepatitis



Lymphoma



MAU



Elderly Care  
Psychiatry



IC

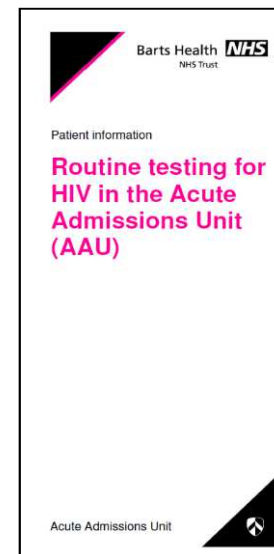
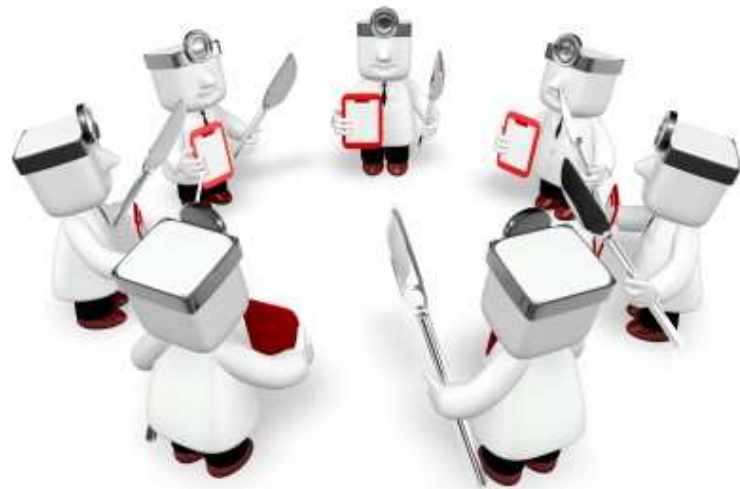


Fast  
Response  
Team



A&E

# Methods



**Universal HIV testing**  Barts Health **NHS**  
NHS Trust

**Rationale:**  
Tower Hamlets has a high prevalence of HIV. 1 in 4 people with HIV don't know they have it. Half of all diagnoses are late. Universal testing for HIV helps early diagnosis and reduces stigma. National guidelines recommend routine HIV Tests on everyone attending ED/AAU.

**Who to test:** All patients over the age of 18  
**When to test:** Routine admission bloods  
**What to order:** HIV 1&2 antibody (yellow top bottle to Virology)

**Consent:**

"We are routinely testing everyone in this department for HIV. Are you happy for me to do a test when I take your blood?"  
If no capacity to consent, done in patient's best interests.  
Document.

**Results:**  
"No news is good news. If you would like to confirm a negative result do so the next time you see your GP."  
Patient informed by hospital if positive result.  
Relatives not informed of result: "We will only discuss the result with clinicians involved in the patient's care"

HIV Testing Facilitator [Rachel.Bath@bartshealth.nhs.uk](mailto:Rachel.Bath@bartshealth.nhs.uk) 07516 030022  
I&I On call SpR 020 3594 5699 (out of hours via switchboard)

# HIV testing facilitator's role



- Monitoring
- Evaluation
- Feedback
- Regular ongoing training and education of new

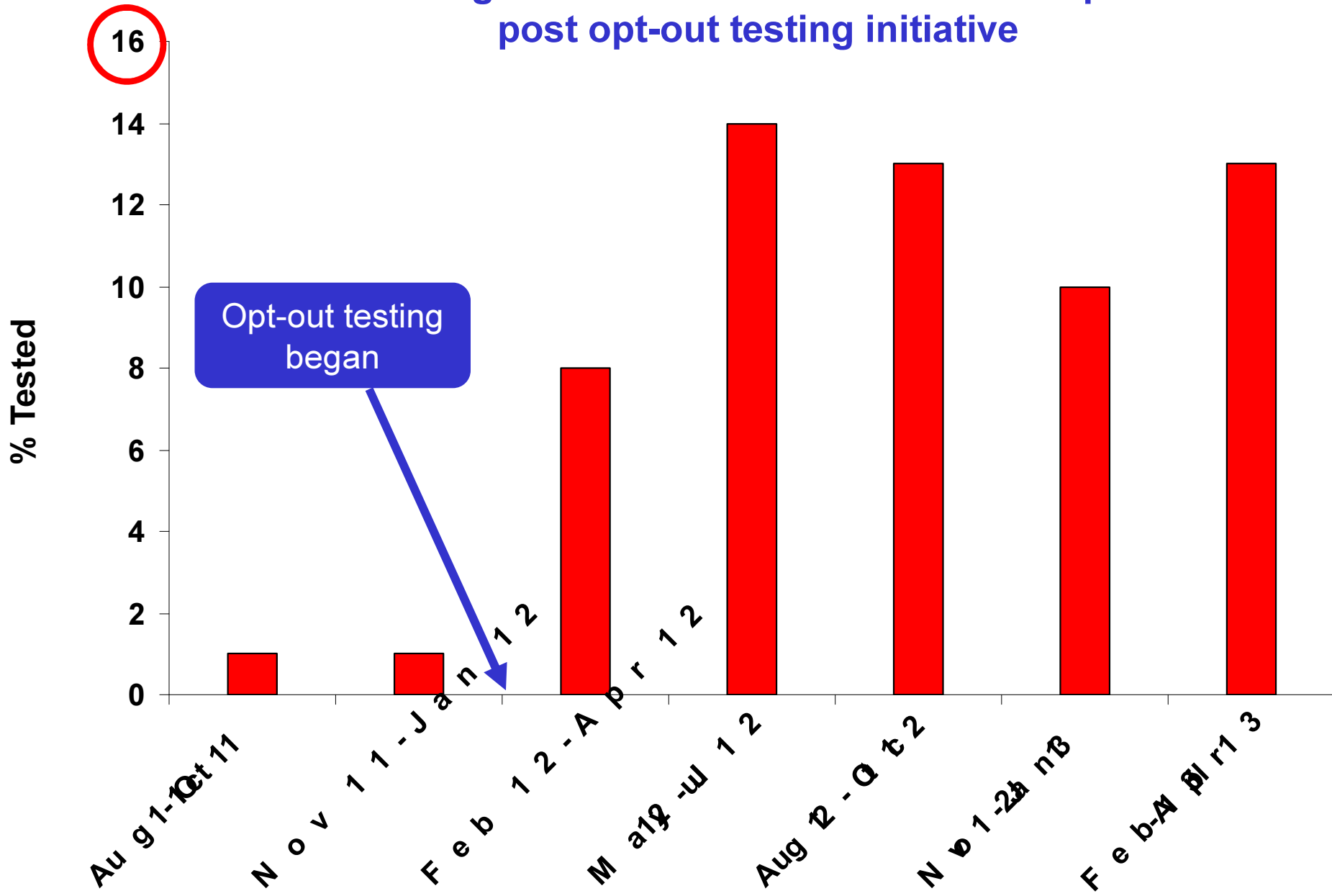
**Not responsible for doing the tests**

- Opportunistic exploitation of new areas to increase testing e.g. Fast Response Team
- Failsafe – linking new positives/lost to follow up into care



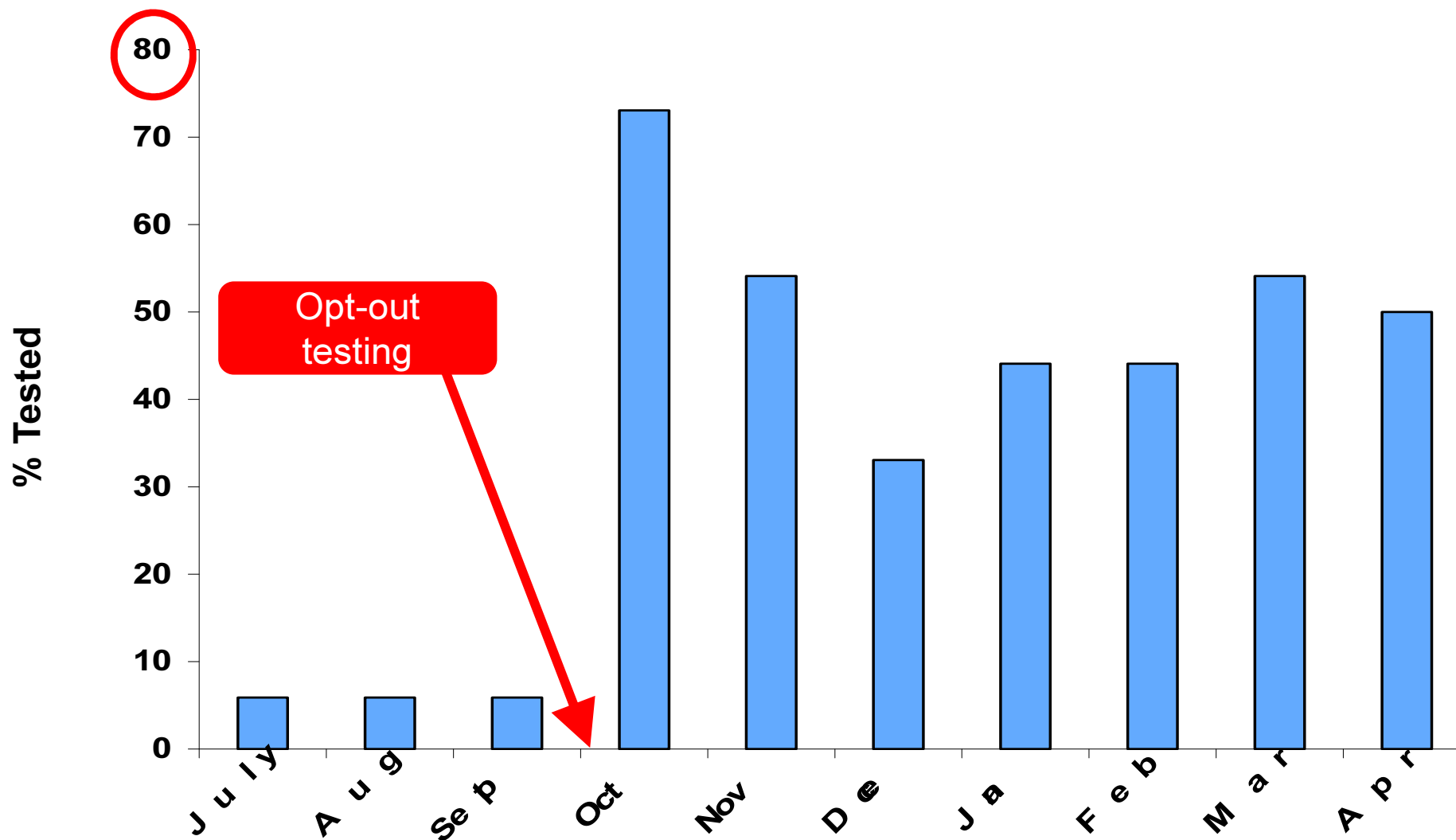
# Results

HIV testing rates in medical admission unit pre and post opt-out testing initiative



# Results





## HIV testing rates in intensive care pre and post opt-out testing initiative



## Testing rates in MAU and IC post opt-out testing

	Testing Rate n/N	Time (months)
<b>Medical admissions unit</b>	1727/18602 (9.2%)	15
<b>Intensive care</b>	596/1107 (53.8%)	7

# Operational barriers identified by staff

Barriers Identified by Staff	HIV Testing Teams Response
<p>Remembering to Test</p> 	<p>Updating doctors to do lists</p> <p>Clerking in booklet</p> <p>Posters</p>
<p>Nurses not involved as cannot take blood.</p>	<p>Nurses trained in phlebotomy</p> 
<p>Doctors do not have time to consent</p> 	<p>Nurses consent</p> <p>Consultants asked to consent on ward rounds.</p>
<p>Patients already bled in A&amp;E</p>	<p>Opt-out HIV testing pilot in A&amp;E</p> 

# Operational barriers identified by Testing Facilitator

	Medical Admission Unit	Intensive Care
<b>Average patients seen per month</b>	2006	181
<b>Nurse to Patient Ratio per shift</b>	1:8	1:1 OR 1:2
<b>Admission bloods carried out</b>	No-patients often bled in A&E prior to arrival	Yes-routine bloods taken from every patient on admission.
<b>Blood tests taken by</b>	Doctors/phlebotomists	Nurse looking after patient
<b>Need to obtain consent</b>	Yes all patients seen in MAU are conscious	Many patients unconscious/lack capacity so done in "best interests"

# Discussion

- In IC settings patient care is provided in a structured routine approach
- Small staff to patient ratio
- HIV tests can be added to blood tests that are already routinely performed
- Nursing staff ownership of the opt-out testing programme





# Discussion

- In MAU patients referred from different locations
- No routine approach to admission into which HIV testing can be incorporated
- Patients often have previously had blood tests, or care taken over by another specialty before further bloods are taken



# Conclusion

- Opt out testing has delivered 20 new diagnoses over 15 months
- 3 of these have been patients in ITU
- 10 have been patients in MAU
- The HIV Testing Facilitator role has enabled us to embed HIV testing in multiple areas of the hospital
- Operational differences between departments affects testing rates



# Acknowledgements

**Acknowledgements:** We would like to thank all staff and patients in the participating clinical areas at the Royal London Hospital.

